can see best through the peripheral portions of the cornea, etc. An incision is made in the cornea with the stop keratome opposite to where the artificial pupil is intended to be made, and the knife carefully withdrawn. The scissors are then introduced closed till opposite the margin to be cut, when they are slightly opened and one blade is passed in front of the iris and the other behind; one snip divides the sphincter pupillæ, and the scissors are carefully withdrawn closed. *A drop of atropia is applied and the eye covered.* When the aqueous becomes re-secreted, the cut edges of the sphincter will be found to have separated, leaving a good artificial pupil. Every care must be taken not to injure the lens. *Double iridotomy* is necessary where the lens is absent owing to operation or accident, and the pupil has become closed owing to inflammation. The corneal incision is made at the point towards which the stretched fibres of the iris converge. The stop keratome is thrust in within the corneal margin through the iris and false membrane, its point then running parallel with the posterior surface of the same, and is then carefully withdrawn. The scissors are introduced so that one blade passes in front and the other behind the iris and membrane, and these are cut with a quick snip. A second cut is now made, so that the two form a triangle with the apex at the wound. The flap thus formed is retracted by the action of the remaining healthy iris, and an opening remains. In some cases where the iris is much stretched and fairly healthy a simple incision is sufficient. There is very little bleeding. Simple iridotomy is contra-indicated where the iris is wholly adherent to a scar, or hidden behind a dense leucoma, which prevents the operator seeing what he is doing, or where the iris is paralyzed. Double iridotomy should only be performed in cases where the lens is absent.—*Royal London Ophthalmic Hosp. Rep.*, vol. viii. p. 1, from *Annals d'Oculistique*, Sept. and Oct. 1873.

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45. *Optic Neuritis, with Complete Loss of Vision; Recovery under Treatment.*—The following case of this was communicated to the Clinical Society (Jan. 22) by Dr. THOROWGOOD. Kate G., æt. 12, was admitted into the West London Hospital October 23, 1873. The history, taken by Mr. Blackman, the clinical clerk, was as follows: The patient had had, five weeks previously, a pain at the lower part of the back from a blow against a desk. Liniment was used; and in a short time this pain left her. Shortly afterwards, a pain came at the back of her neck, with tenderness, swelling, and stiffness on movement. For this, she saw Dr. Thorowgood, who gave her a belladona and mercury liniment, which she used, and the pain and stiffness went away. A week after this, she noticed a fog before her eyes, which gradually increased, till in a week vision was perfectly lost in both eyes. She was now admitted to the hospital. No sign of disease or injury of spine could be detected. She could just discern between light and shade. On October 24, Mr. Bowater Vernon examined her eyes with the ophthalmoscope. The optic disks were swollen with irregular outline; the veins engorged, and obscured in places; whole fundus oculi paler, and more yellow than normal. No hemorrhage. The same description applied to both eyes. She was not feverish; the organs of the chest were healthy; there was no albumen in the urine. Two leeches were applied to the temples, and three grains of hydrargyrum cum cretâ given every three hours. October 28 she was much the same; to have thirty minims of liquor hydrargyri perchloridi three times daily in decoction of bark. Leeches were again applied to the temples. On November 1, Mr. Vernon examined the eyes again. The right optic disk was much swollen; its outline was completely obscured. The fundus was ash-gray in colour. The left eye had the surface of the disk marked by apparently numerous small vessels. Under treatment with iodide of potassium, and then liquor strychniæ with iron, this patient improved; and on December 23, 1873, was seen as out-patient, and able to read well. On January 22, 1875, she was seen again, and her vision, tested by Mr. Vernon with Snellen's type-board, was declared normal. The left eye was rather better than the right, which was, perhaps, not quite up to the normal range. The optic disks looked pale and anæmic. In commenting on the case, Dr. Thorowgood said that Mr. Vernon considered the case one of true optic neuritis, not a mere congestion from impeded return of blood to the

sinuses. The question was, had the spinal pain any connection with the neuritis? In cases of loss of vision due to spinal disease, atrophy of the disk might be expected from the great sympathetic being involved. The present case seemed one of basic meningitis extending to and involving the optic nerves. Meningitis might be very insidious in its progress, and might do much mischief, if not controlled by treatment. The present case showed the value of the ophthalmoscope in detecting meningitis, and so guiding to a plan of treatment by local depletion and mercurial medicines, which proved very successful.—*Brit. Med. Journ.*, Jan. 30, 1875.

MIDWIFERY AND GYNÆCOLOGY.

46. *Injections of Hot Water as a means of arresting Uterine Hemorrhage.*—Dr. Windelband states that his attention was called by the perusal of an article by an American practitioner, to the effect of injections of hot water as a means of arresting hemorrhage from the uterus. In a case of abortion with alarming hemorrhage, for the restraint of which ergot and cold water injections had failed, Dr. Windelband injected water at about 100° Fahr. Within a short time, or rather at the moment of entrance of the fluid, such energetic contraction of the uterus took place, that the ovum, which could but just be felt within the open os uteri, was ejected with its membranes from the uterus in a quarter of an hour. For some days, he repeated the injections, when there was any indication of bleeding, and afterwards continued them at a lukewarm temperature until involution of the uterus was complete. He says that he has used injections of hot water with the best results in a number of cases which have occurred in his practice during the last year, including twenty-one cases of abortion, two cases of severe hemorrhage from placenta prævia, cases of hemorrhage attending fibroid and other tumours of the uterus, cases of carcinoma, of *post-partum* hemorrhage, of profuse menstruation, etc. He is convinced that the hot water exerts a far more energetic action on the muscular structure of the uterus, than cold water, either alone or with astringent remedies in solution. He makes the injections with an ordinary uterine douche, the water having a temperature varying from 95° to 100° Fahr.; and has never found any disadvantageous results.—*Brit. Med. Journ.*, Feb. 13, 1875, from *Allgeeinem Medicin. Central-Zeitung*, Jan. 27, 1875.

47. *Hydrops Amnii.*—Dr. Chas. J. Egan, Assistant-Surgeon Grey's Hospital, King William Town, Kaffraria, relates (*Med. Times and Gaz.*, Jan. 9, 1875) three cases of this (in one three gallons of water were discharged), and calls attention to the following points as worthy of notice:—

1. *The Delay to the Labour.*—This is the only point mentioned in regard to these cases in systematic works on midwifery. The excess of the liquor amnii seems to arise from some diseased state of the amnion, which, while it produces an increased quantity of fluid, at the same time renders the membrane tougher and stronger than usual, so that the muscular contractions of the uterus are unable to rupture it; and, at the same time, the uterus itself becomes weak from over-distension, and its contractions much less effective than natural. In none of these cases was there the least suspicion of syphilitic taint, as I inquired into this subject, and all the patients were mothers of perfectly healthy children.

2. *The Danger of Hemorrhage before the Birth of the Child.*—This I consider arises from the partial separation of the placenta as soon as the pressure produced by the excess of water is suddenly removed. In the second and third cases the clots of blood attached to the placenta point to this as the most probable cause of the hemorrhage. In the first case the placenta was not examined on this point. In Dr. Burns's *Principles of Midwifery* (fifth edition, sec. 23., chap. xv.)—an old work, but yet of much value—it is stated that